

STATEMENT OF ORGANIZATION**OFFICE USE ONLY****1. Name and Address of Committee**

LA Assisted Living
Association PAC
P.O. Box 10258
New Iberia, LA 70562-

2. Date of this Statement

01/19/2016

3. Estimated Membership

120

4. Amended Statement?

____ Yes ☒ No

PAC
S/O
1/28

#796 475
#1087

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)**a. Name****b. Position****c. Address**

E.D. Regina Hatcher

Chairperson

6347 Hope Estate Baton Rouge, LA 70820-

Executive Director Sharla Aloisio

Treasurer

2500 CoCo Palm Drive New Iberia, LA 70563-

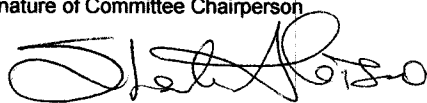
6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name**b. Address****c. Relationship to Committee****7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)****a. Name****b. Address****8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee****b. Name of Candidate****c. Office Sought by the Candidate****9. a. Name of Person Preparing Report****b. Daytime telephone****10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.**

This 20th day of January, _____

Signature of Committee Chairperson



Daytime Telephone Number

337-577-2028

Daytime Telephone Number

2016 JAN 28
PM 2:33
RECEIVED
STATEMENT OF ORGANIZATION